*Applicant Name:*_____   *FEIN or SSN:* _____

Applicant is a(n)   ☐ individual   ☐ corporation   ☐ partnership   ☐ other (specify) _____

Third Party Administrator
State of Rhode Island
Application for Certificate of Authority

Name of Administrator:_____

Principal Office Address:_____

Address (if any) in Rhode Island: _____

E-Mail Address: _____ Phone: _____ Fax: _____

- Has applicant or any person listed in answer to item 3, below, ever been refused or had revoked a TPA Certificate of Authority, any other insurance license or any other professional license in this or any other state prior to the date of this application?   ☐ Yes ☐ No

- Has applicant or any person listed in answer to item 3, below, ever been convicted or entered a plea of guilty or *nolo contendre* to a felony in this or any other state prior to the date of this application?   ☐ Yes ☐ No

If "Yes" to either of the above, give full explanation in an attached letter.

- Will the applicant be managing the solicitation of renewal business?   ☐ Yes ☐ No

If "Yes", attach a list of all Rhode Island licensed producers which you employ or contract with and their social security or tax ID numbers.

- Will the applicant act directly as a producer with respect to Rhode Island business?   ☐ Yes ☐ No

If "Yes", enter Rhode Island producer license number. _____

Attach the following documents relating to the administrator:

  1. Certified copies of all basic organizational documents, including any articles of incorporation, articles of association, partnership agreement, trade name certificate, trust agreement, shareholder agreement and other applicable documents and all amendments to such documents;

  2. Certified copies of all bylaws, rules, regulations or similar documents regulating the internal affairs of the administrator;

  3. An independently verified NAIC Biographical Affidavit or Business Character Report for each individual who is responsible for the conduct of affairs of the administrator, including; each member of the board of directors, board of trustees, executive committee or other governing board or committee; each principal officer in the case of a corporation or each partner or member in the case of a partnership or association; each shareholder holding directly or indirectly ten percent (10%) or more of the voting securities of the administrator; and each and every other person who exercises control or influence over the affairs of the administrator;

  4. Annual financial statements or reports for the two (2) most recent years, which prove that the applicant is solvent (Based on a review of the information submitted, the Department may request additional documents.); and

  5. Applicant's business plan, including information on staffing levels and activities proposed in Rhode Island and nationwide. The plan must provide details setting forth the administrator's capability for providing a sufficient

number of experienced and qualified personnel in the areas of claims processing, record keeping and underwriting.

The applicant agrees to make available to the Department for the purposes of examination, audit and inspection:

- books and records maintained by the administrator; and

- copies of all contracts with insurers or other persons utilizing the services of the administrator.

The applicant agrees to notify the Department of any material change in its ownership, control or other fact or circumstance affecting its qualification for a Certificate of Authority in this state.

[This application must be signed by an individual applicant, the President and Secretary of a Corporation, two Partners of a partnership, or two official representatives of any other type of organization who have legal authority to bind the organization.]

I (We) hereby apply for a Certificate of Authority to act as a Third Party Administrator under the laws of the State of Rhode Island, as provided in R.I. Gen. Laws §§ 27-20.7-1 *et seq*. I (We) hereby certify under penalty of perjury that I (we) have read this application, including attached documents, know the contents thereof and that each statement herein is full, true and correct.

Signature(s) _____ ,   _____

Printed Name(s) _____ ,   _____

Title(s) _____ ,   _____

State of _____   State of _____
County of_____   County of_____

On the _____ day of _____,   On the _____ day of _____,
2___, _____appeared   2___, _____appeared
before me personally appeared and known by me to be the   before me personally appeared and known by me to be the
party executing the foregoing instrument, subscribed and   party executing the foregoing instrument, subscribed and
sworn said instrument.   sworn said instrument.

_____   _____
            Notary   Notary

Mail or express completed application, including attachments, to: Third Party Administrator Applications
Insurance Division
233 Richmond Street
Providence, RI   02903-4233